Appendix EE

PRE-TRAVEL AUTHORIZATION FORM
IN-STATE PER DIEM/IN-STATE ACTUAL (DUES PAYING MEMBER)/OUT-OF-STATE ACTUAL

Employee Name: _____

Employee ID: _____ Campus: _____

Department: _____ Account Number (FOAP): _____

Travel Purpose

Travel Purpose: ☐ Conference ☐ Training ☐ Meeting ☐ Other

Travel Description: _____

Destination: _____ Other BSCC Employees Attending: _____

Travel Details

Mode of Transport: ☐ BSCC Vehicle ☐ Personal Vehicle ☐ Air ☐ Other

Departure Date: _____ Return Date: _____

Expense Description

☐ In-State Per Diem ☐ In-State Actual (Dues Paying Member) ☐ Out-of-State Actual

Name of Member Institution: _____

Estimated Expenditures **(Note: If claiming Line 1, do not claim Line 2.)**

1. In-State Per Diem ***(See chart If claiming)*** *	
2. Meals Expense-*GSA Per Diem Link* at Bottom	
3.Transportation Expense/Mileage $0.76	
4. Lodging Expense *(In-State Actual or Out-of-State Actual)*	
5. Conference Registration/Fee	
6.Other Detail other expense(s)	
Total Estimated Expenditures	0.00

***Per Diem Rates for In-State Travel**

$15.00	Trips 6-12 hours
$40.00	Trips exceeding 12 hours
$100.00	Per day for 2-day trip/1 night, etc.
$130.00	Per day for 3-day trip/2 or more nights

_____

Traveler's Signature & Date Signed

Approvals

Immediate Supervisor: _____ _____

Signature Date

Appropriate College-wide Associate Dean/Director (if applicable): _____ _____

Signature Date

College-wide Dean (if applicable): _____ _____

Signature Date

Vice President (as appropriate): _____ _____

Signature Date

President (For Out-of-State or In-State **Actual**): _____ _____

Signature Date

If not approved, state reason and return to requester. _____

NOTE: <u>If applicable</u>, attach a copy of agenda, map, invoice, GSA rate of destination, etc.

GSA Per Diem Rates